Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 940.00					Complete if Known			
					Application Number 10/580,69		9	
					Date	5/25/2006		
					First Named Inventor Shin]			
					iner Name		a O. Nwaonich	a
					nit D. 1.	1621	1.605	
					Attorney Docket 1217 - 061625			
METHOD OF PAY	MENT (checl	k all that apply)		41 - 1 to 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
Check 🗸 (Credit Card	Money Ord	der	None	Other (please ide	entify):		
✓ Deposit Accou	nt Deposit Ac	count Number:	23	3-0650	Deposit Account	Name:		
For the abo	ve-identified	deposit account,	, the Dire	ctor is hereby	authorized to: (cl	neck all that ap	oply)	
	rge fee(s) indic				Charge fee	(s) indicated be	elow, except for the	e filing fee
Cha und	rge any additio er 37 CFR 1.16	nal fee(s) or und and 1.17	erpaymen	its of fee(s)	Credit any	overpayments		
WARNING: Information	on this form ma	y become public. (Credit card	information show	ıld not be included oı	n this form. Prov	ide credit card	
information and authoriz		e A, S MA, er g com objeque, de de, de A a abouto com legione	alled the popular reading, go there has also	**************************************	makes and common the second of			
TEE CALCULATIO					e subject to a su	ircnarge.)		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH F					EES EXAMINATION FEES			
		Small Entity		Small Entity	<u>s</u>	mall Entity		
Application Typ		Fee (\$)	Fee (\$)		<u>Fee (\$)</u>	Fee (\$)	Fees 1	<u> Paid (\$)</u>
Utility	330	82	540	270	220	110	444444444444444444444	·······
Design	220	110	100	50	140	70	<u> </u>	
Plant	220	110	330	165	170	85		•
Reissue	330	165	540	270	650	325	Personne	
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIN Fee Description	A FEES						Tag (\$)	Small Entity
Fee Description Each claim over 20 (including Reissues) 52								<u>Fee (\$)</u> 26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent	claims		,				390	195
Total Claims	otal Claims - 20 or HP Extra C		aims Fee (\$)		Fee Paid (\$)		Multiple D	ependent Claim
			X	Security Sec			<u>Fee (\$)</u>	Fee Paid (\$
HP = highest number	of total claims pa	and for, if greater th	an 20.				***************************************	······
Indep. Claims	- 3 or HP	Extra Clair	<u>ms</u>	Fee (\$)	Fee Paid (\$)			
HP = highest number	of independent of	=	xx	3.	***************************************			
3. APPLICATION	•	para 101, 11 61	outor times.	•••				
							or computer listin	
		and 37 CFR 1.		10 (513) ior si	nan entity) for ea	cn additional 3	50 sheets or fraction	n thereof.
Total Sheets	Extra S		• •	r of each add	itional 50 or frac	tion thereof	<u>Fee (\$)</u>	Fee Paid (\$)
- 1	00 =	/ 50 =		(round	l up to a whole nun	nber) x		
4. OTHER FEE(S)								Fees Paid (\$)
•	•	\$130 fee (no		•	1 77			.
Other (e.g., lat	e filing surcha	rge): Petition fe	e, Keque	st for Continu	ed Examination		The same of the sa	\$810 + 130
SUBMITTED BY	en de servicio de la companya de la La companya de la companya del companya de la companya del companya de la c							Take 15, 65th (America) is projected and severy control and severy the severy control and severy sev
	1/	A9/5	A Ro	Re	gistration No.		T 1 1	
Signature	7	and I had a	COCAY FI	1	ttorney/Agent)	25,826	Telephone 4	12-471-8815